

# AMESBURY POLICE DEPARTMENT

19 School St. Amesbury, Mass. 01913  
(978) 388-1217 or (978) 388-1212 (FAX) 388-1220

## REQUEST FOR COPIES OF POLICE REPORTS

This form is to be filled out for all requests to receive copies of police reports from the Amesbury Police Department. No reports will be released until full payment has been made, and No copies of accident reports are to be released until all parties involved in the accident have filed their accident report with this department. **REPORTS NOT PICKED UP AFTER 4 MONTHS WILL BE DISCARDED.** After the 4 months if you decide you still want a copy of the report, a new report request will have to be submitted.

### IF THE REPORT IS TO BE MAILED TO YOU:

All reports that are to be mailed are \$1.00 for the first ten (10) pages, and \$.05 per page thereafter. Submit the completed form to the department with the appropriate fee (\$1.00) and the copy will be prepared and mailed to you. This is usually done within ten (10) calendar days of the receipt of the form.

### IF YOU PICK UP THE REPORT AT THE STATION:

All reports can be picked up at the station. Submit the completed form to the department and the copy will be prepared within 10 calendar days from receipt of the completed form. For reports that total less than 10 pages there will be no fees assessed. If your report totals more than 10 pages the fee will be \$.05 per page. You will be notified when the report is ready and the total amount due. EXACT CHANGE is required for those reports that require a payment, and the report can be picked up at the front desk.

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1. Do You Want Your Report Mailed? ☐ OR Will Pick Up? ☐
2. What Type of Report Are You Requesting? ☐ Accident ☐ Incident ☐ Arrest  
Report Number if Known and Brief Description:  
\_\_\_\_\_
3. Date and Time of Incident: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_
4. Requestors Information:  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_
5. Subject Involved in Incident:  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

PUBLIC SAFETY CLERKS USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_ DATE: \_\_\_\_\_